TOTAL ADDITION SEE DETERMINATION DECC									Application or Docket Number						
PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2003										10730799					
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OR	OTHER THAN SMALL ENTITY			
TOTAL CLAIMS			118					RATI	Ε	FEE		RATE	FEE		
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FE		385.00	OR	BASIC FEE	770.00		
TOTAL CHARGEABLE CLAIMS			Ų♥ minus 20=		.5 ₺			X\$ 9		Sois	OR	X\$18=	504		
INDEPENDENT CLAIMS			Çminus 3 =		· 3			X43=		<i>ર</i> 5 ૪	OR	X86=	258		
MÜ	LTIPLE DEPEN	DENT CLAIM PI	RESENT					+145=		OR	+290≐				
* If the difference in column 1 is less than zero, enter "0" in column 2								TOTA	\L	15 ३३	OR	TOTAL	1532		
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)							1	OTHER THA							
AMENDMENT A	8-6-02	(Column 1) CLAIMS REMAINING AFTER		HIGH NUM PREVIO	EST BER DUSLY	(Column 3) PRESENT EXTRA	ן [	RATE		ADDI- TIONAL		RATE	ADDI- TIONAL		
	Total	* 57	Minus	PAID	FOR	= 9	1 1	XS 9:	_	FEE	OR	X\$18=	,FEE 162		
	Independent	. 1	Minus	*** 6	<u> </u>	= /	1	X43=	-		OR	X86=	86		
٨	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145	_		OR	+290=			
									AL	·		TOTAL	148		
(Column 1) (Column 2) (Column 3)									EE <b>!</b>			ADDIT. FEE			
8		CLAIMS REMAINING		HIGH NUM PREVIO	IEST BER	PRESENT EXTRA	ו	RATE		ADDI- TIONAL		RATE	ADDI- TIONAL		
AMENOMENT		AFTER AMENDMENT		PAID		ENINA	┨╽			FEE			FEE		
	Total	*	Minus	**		=	Į Į	X\$ 9	-		OR	X\$18=			
	Independent	*	Minus	ENIDENIT	CI AILA	=	┨╏	X43=	<u> </u>		OR	X86 <b>≟</b>			
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+145	_		OR	+290=			
TOTAL ADDIT. FEE											OR	TOTAL ADDIT. FEE			
	(Column 1) (Column 2) (Column 3)										:				
AMENDMENTC		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
	Total:	*	Minus	<b>drik</b>		=		X\$ 9:	-		OR	X\$18=			
	Independent	*	Minus	***		-	1.1	X43=			OR	X86=			
L	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145:	_		OR	+290=			
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ADDIT FEE												TOTAL			
***	If the "Highest Nu	mber Previously Pa mber Previously Pa nber Previously Pai	aid For IN THI	S SPACE	is less tha	n 3, enter "3."	•	ADDIT. Fi	_	propriate box		ADDIT. FEE lumn 1.			
												·			

FORM PTO-875 (Rev. 10/03)

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